



Workplace Lactation Support Mini-Grant Application Form

Overview

Women who wish to continue to breastfeed after returning to work have few and simple needs. *The Missouri Breastfeeding Friendly Worksite Program* is a state-wide initiative to increase the number of businesses that provide their employees with breastfeeding support services. The Missouri Department of Health and Senior Services (DHSS) is offering up to \$500 to Missouri employers interested in creating or improving lactation support policies and programs at their worksite. This program is part of a nation-wide campaign by the U.S. Department of Health and Human Services to encourage women to breastfeed their infants for a longer duration after they return to work.

Funding Eligibility:

To be eligible to receive a mini-grant, the business must create and provide a written breastfeeding support policy that is in compliance with the breastfeeding support requirements from the Fair Labor Standards Act (FLSA). Please contact Karla Voss at karla.voss@health.mo.gov with questions regarding policy compliance or to see a sample policy please visit: <http://health.mo.gov/living/families/wic/breastfeeding/support.php>. A fact sheet on the FLSA can be found here: <http://health.mo.gov/living/families/wic/breastfeeding/laws.php>.

Availability of Funds:

The DHSS will fund 40 proposals for a maximum of \$500 each. Additional proposals will be considered as funds allow. Priority is given to worksites that do not already have a lactation room or policy in place. Priority will be given to communities with lower breastfeeding duration rates and companies with a higher percentage of employees that are women of childbearing age. Expenses will be reimbursed upon receipt of a properly prepared invoice, receipts for funds spent and documentation of work completed.

Application Process:

To be eligible to receive funds, businesses must complete the attached application and budget. Email completed applications to karla.voss@health.mo.gov by October 1, 2014. Only applications that are complete will be considered. Notice of awards will be made within 30 days of application due date or on a first come, first serve basis. **All funds must be expended within 90 days of the award.**



Funding Priority Areas:

The *Missouri Breastfeeding Friendly Worksite Program* will fund the following:

Primary Items to be Funded:	Secondary Items: (funded <i>after all</i> primary items)
<ul style="list-style-type: none"> • Locks on doors • Privacy screens/partitions • Comfortable chair • Signs • Table or flat surface to hold a breast pump 	<ul style="list-style-type: none"> • Mini-Refrigerator • Clock • Educational materials • Multi-user breast pump • Promotional materials to inform staff and clients about lactation services • Educational materials/lending library

Reporting Requirements:

To receive reimbursement for expenses, awardees are required to submit an application for the *Missouri Breastfeeding Friendly Worksite Award*, a brief report and photograph (jpeg files only) demonstrating completion of the project goals. This documentation will be due no later than **90 days after funding is expended**. Reports and photographs should be sent to karla.voss@health.mo.gov. For more information about the *Missouri Breastfeeding Friendly Worksite Award Program* and to order additional materials to support breastfeeding friendly worksites please visit: <http://health.mo.gov/living/families/wic/breastfeeding/support.php>.



The Missouri Breastfeeding Friendly Worksite Program is supported through a partnership with the Missouri Breastfeeding Coalition and funded by a cooperative agreement with the Centers for Disease Control and Prevention





Workplace Lactation Support Grant Application

All proposals must address the questions below. Please type responses to each of the following questions completely and concisely.

Section A

Name of person submitting application:

Name of Business:

Address:

Email (required):

Telephone:

Amount of grant request: \$

Written policy attached: Yes_____

Section B

1. Describe your worksite, using key demographic characteristics such as number of employees, percent of employees that are females, percent of female employees that are of childbearing age, type of industry and services provided, etc.
2. Describe why a lactation support program is needed within your worksite and discuss any barriers you have identified that need to be addressed. Describe changes to current lactation room or policy if applicable.
3. What do you hope to accomplish if funded? Please outline the general steps you will take to put your plan in place.

Section C

1. Provide a timeline of how you will execute your plan. Expand table as needed.

Timeline (mm/yy)	Activities	Person Responsible



Section D

Budget

Provide an itemized budget in the table below; expand the table as needed. Please be as detailed as possible. Explanations are required for items requested over \$200. Keep in mind that a rocker/glider is not helpful when pumping. A stationary, comfortable chair is all that is needed. **Please see Funding Priority Areas above.** If budget needs to be re-adjusted after award is given, a new budget must be pre-approved before items will be reimbursed.

Funds requested: Expand table as needed.

Item	Amount
Total Amount:	

Explanations:

Return applications via email to: Karla Voss, karla.voss@health.mo.gov or fax to (573) 522-2856. Please consider asking your local public health department for additional technical assistance.



Missouri Breastfeeding Coalition



This document has been adapted from the New York Statewide Breastfeeding Coalition, Iowa Breastfeeding Coalition and Minnesota Breastfeeding Coalition mini-grant applications.